

PTO/SB/17 (10-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known					
				Application Number 1		10/733,400-Conf. #9114			
				Filing Date		December 12, 2003			
For FY 2008				First Named Inventor S		Shuji ONO			
FOFFT 2006				Examiner Name Ja		Jamie R. Kucab			
Applicant claims small entity status. See 37 CFR 1.27			7 5 7 5 7 11 11		3621				
TOTAL AMOUNT OF PAYMENT (\$) 930.00			Attorney Docket No. 3562-013			<del>,</del>			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU	<u> </u>								
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FEES			· <u></u>	•	···		
		LING FEES	SEA	ARCH FEES	EXAM	INATION FEES			
Application T	ype Fee (\$	Small Entity ) Fee (\$) F	ee (\$)	Small Entity	Fee (\$	Small Entity	Fees P	aid (\$)	
Utility	<u>75e (\$</u> 310	1 <u>ree (\$)                                    </u>	510	Fee (\$) 255	210	) <u>Fee (\$)</u> 105	rees r	aiu (\$)	
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (including Reissues)  50								25	
Each independent claim over 3 (including Reissues)								105	
Multiple dependent claims 370 185								7 - 7	
Total Claims	aid (\$)		Multiple Depende						
8				<u>u.u. (4)</u>	_				
HP = highest num	ber of total claims paid for	, if greater than 20.			-			•	
Indep. Claims	Extra Claims	Fee (\$)	Fee P	aid (\$)	_			_	
2	-= 0								
HP = highest num	ber of independent claims	paid for, if greater than 3.							
listings und	ation and drawings ex ler 37 CFR 1.52(e)),	the application size f	ee du	e is \$260 (\$130 f					
	action thereof. See 3	,,,,,		` '		f = 1(f)	F F	) -: -! (P)	
<u>Total Sheet</u>				dditional 50 or frac			<u> </u>	Paid (\$)	
- 100 = /50 = (round up to a whole number) x =									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1251 Extension for response within first month 120.00									
SUBMITTED BY	0 - 1	n //							
Signature				Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205	5-8000	
Name (Print/Type)						Date	May 29,		
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